03/19/2010 11:35

Image# 10930452656

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example:If typing, type COMMITTEE (in full) OR TYPE OR PRINT over the lines American Academy of Family Physicians Political Action Committee 2021 Massachusetts Avenue, NW ADDRESS (number and street) Check if different than previously DC 20036 Washington reported. (ACC) FEC IDENTIFICATION NUMBER **STATE** ZIPCODE A CITY A IS THIS NEW **AMENDED** C00411553 Χ REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Χ Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) (c) 12-Day Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12G) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Runoff (30R) Post -Election General (30G) Special (30S) Report for the: Termination Report (TER) in the Election on State of 02 0 1 2010 02 28 2010 through Covering Period I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Randell K. Wexler, MD Type or Print Name of Treasurer Electronically Filed by Randell K. Wexler, MD 03 19 2010 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g. Office **FEC FORM 3X** Use (Rev. 12/2004) Only

FE6AN026

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

2 / 27

Write or Type Committee Name

FEC Form 3X (Rev. 02/2003)

American Academy of Family Physicians Political Action Committee

D D 02 0 1 2010 0.2 28 2010 From: Report Covering the Period: To: **COLUMN A COLUMN B This Period** Calendar Year-to-Date (a) Cash on Hand 2010° 263211.18 January 1 (b) Cash on Hand at 283009.80 Begining of Reporting Period 23323.85 68468.05 (c) Total Receipts (from Line 19) (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 306333.65 331679.23 6(a) and 6(c) for Column B) 5665.39 31010.97 Total Disbursements (from Line 31) Cash on Hand at Close of Reporting Period 300668.26 300668.26 (subtract Line 7 from Line 6(d)) Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D)

X This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission 999 E street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

FE6AN026

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004) 3 / 27

Write or Type Committee Name

American Academy of Family Physicians Political Action Committee

Report Covering the Period:

From:

D D 0

2010

To:

м м 0 2 D D 28

Y Y Y Y 2 0 1 0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Contributions (other than loans) From: (a) Individuals/Persons Other		
Than Political Committees (i) Itemized (use Schedule A)	17071.67	54973.34
(ii) Unitemized	5541.06	12205.47
(iii) TOTAL (add Lines 11(a)(i) and (ii)	22612.73	67178.81
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)(d) Total Contributions (add Lines	0.00	0.00
11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	22612.73	67178.81
Transfers From Affiliated/Other Party Committees	0.00	0.00
3. All Loans Received	0.00	0.00
Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00
(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) 6. Refunds of Contributions Made	711.12	1289.24
to Federal candidates and Other Political Committees	0.00	0.00
7. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
3. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
9. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	23323.85	68468.05
). Total Federal Receipts (subtract Line 18(c) from Line 19)	23323.85	68468.05

DETAILED SUMMARY PAGE

FEC Form 3X (Rev. 02/2003)

of Disbursements

4 / 27

	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21.	Operating Expenditures: (a) Shared Federal/Non-Federal		
	Activity (from Schedule H4)	0.00	0.00
	(i) Federal Share		
	(ii) Non-Federal Share	0.00	0.00
	(b) Other Federal Operating	665.20	1010.07
	Expenditures(c) Total Operating Expenditures	665.39	1010.97
	(add 21(a)(i), (a)(ii) and (b))	665.39	1010.97
2.	Transfers to Affiliated/Other Party	0.00	0.00
3.	Contributions to	0.00	0.00
	Federal Candidates/Committeesand Other Political Committees	5000.00	30000.00
4.	Independent Expenditure	0.00	0.00
5.	(use Schedule E)	0.00	0.00
-	Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
6.	Loan Repayments Made	0.00	0.00
7	Loans Made	0.00	0.00
	Refunds of Contributions To:	0.00	0.00
((a) Individuals/Persons Other Than Political Committees	0.00	0.00
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees		
	(such as PACs)	0.00	0.00
	(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
	(add Lines 20(a), (b), and (c))		
9.	Other Disbursements	0.00	0.00
0.	Federal Election Activity (2 U.S.C 431(20))		
	(a) Shared Federal Election Activity		
	(from Schedule H6) (i) Federal Share	0.00	0.00
	(i) redetal State		
	(ii) "Levin" Share	0.00	0.00
	(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
	(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
81.	Total Disbursements (add Lines 21(c), 22,		
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	5665.39	31010.97
32.	Total Federal Disbursements		
	(subtract Line 21(a)(ii) and Line 30(a)(ii)		
	from Line 31)	5665.39	31010.97

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003) 5 / 27

	III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33.	Total Contributions (other than loans) from Line 11(d), page 3)	22612.73	67178.81
34.	Total Contribution Refunds (from Line 28(d))	0.00	0.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	22612.73	67178.81
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	665.39	1010.97
37.	Offsets to Operating Expenditures (from Line 15, page 3)	711.12	1289.24
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	-45.73	-278.27

FE6AN026

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Κ)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6/27 (check only one) X
Any information copied from such Reports ar or for commercial purposes, other than using	nd Statements may the name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Academy of Family Phys	sicians Political	Action Committee	
Full Name (Last, First, Middle Initial) James Y Allen, MD			Date of Receipt
Mailing Address 411 W 7Th St Ste	02 17 2010		
City Fort Worth	State TX	Zip Code 76102-3612	Transaction ID: C873459 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		240.00
Name of Employer Family Healthcare Associa- tion	Occupation Physician		
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 240.00	
Full Name (Last, First, Middle Initial) Leslie F Anderson, MD			Date of Receipt
Mailing Address PO BOX 810	0 2 2 2 2 2 0 1 0		
City	State	Zip Code	Transaction ID: C877309
Lonoke	AR	72086-0810	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		240.00
Name of Employer Practice Plus	Occupation Physician		
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 240.00	
Full Name (Last, First, Middle Initial) Joane Goforth Baumer, MD			Date of Receipt
Mailing Address 1500 S Main St			0 2 1 3 2 0 1 0
City Fort Worth	State TX	Zip Code 76104-4917	Transaction ID: C872107 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1 1 1 1 1	208.00
Name of Employer Self Employed	Occupation Physician		
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼		e Year-to-Date ▼ 416.00	
SUBTOTAL of Receipts This Page (optional	<u> </u>		688.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 27 (check only one) X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Academy of Family Physician	e name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
∠ A .	Full Name (Last, First, Middle Initial) John L Bender, MD			Date of Receipt
	Mailing Address 4674 Snow Mesa Dr S Miramont Family Med	M M / D D / Y Y Y Y Y O D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	City	State	Zip Code	Transaction ID: C877911
	Fort Collins FEC ID number of contributing federal political committee.	CO	80528-8614	Amount of Each Receipt this Period 365.00
	Name of Employer Miramont Family Medicine	Occupation Physician		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 365.00	
- В.	Full Name (Last, First, Middle Initial) Audrey R Boyd, MD	Date of Receipt		
	Mailing Address 2200 Harden St	02 19 2010		
	City Columbia	State SC	Zip Code 29203-7107	Transaction ID: C875751 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	23203-1101	250.00
	Name of Employer SC Dept of Mental Health	Occupation Physician		
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.00]
_ С.	Full Name (Last, First, Middle Initial) Judith Chamberlain, MD			Date of Receipt
	Mailing Address 10 Sea Grass Farm F	0 2 1 5 2 0 1 0		
	City Brunswick	State ME	Zip Code 04011-7841	Transaction ID: C872122 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Aetna	Occupation Medical [n Director, Medicaid Business	Un
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	
	SUBTOTAL of Receipts This Page (optional) .)	1115.00

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 27 (check only one) X
A o	ny information copied from such Reports and S r for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Academy of Family Physicia	e name and addr	ess of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
∠ 4 .	Full Name (Last, First, Middle Initial) Barton A Chase, MD Mailing Address 3856 Highway 57 W			Date of Receipt
	P.O. Box 99	State	Zip Code	02 01 2010
	Ramer	TN	38367-7167	Transaction ID: C866655 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Ramer Family Health Center	Occupation Owner/Ph		
	Receipt For: Primary General Other (specify)		Year-to-Date ▼ 500.00	
- 3.	Full Name (Last, First, Middle Initial) Steven A Crawford, MD			Date of Receipt
	Mailing Address 7000 NW 128th Ter			$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
	City	State	Zip Code	Transaction ID: C870037
	Oklahoma City FEC ID number of contributing federal political committee.	OK C	73142-6033	Amount of Each Receipt this Period 230.00
	Name of Employer University of Oklahoma	Occupation Physician		
	Receipt For: Primary General Other (specify)	, ' · ·	Year-to-Date ▼	
_	Full Name (Last, First, Middle Initial) Thomas M Dean, MD	<u> </u>		Date of Receipt
	Mailing Address PO Box 335 409 W. 10th Street			02 / 22 / 2010
	City Wassington Springs	State SD	Zip Code 57382-0335	Transaction ID: C877332
	Wessington Springs FEC ID number of contributing federal political committee.	C	57302-0333	Amount of Each Receipt this Period 500.00
	Name of Employer Horizon Health Care	Occupation Physician		7
	Receipt For: Primary General Other (specify)	,	Year-to-Date ▼ 500.00	
\[\frac{1}{2}\]	SUBTOTAL of Receipts This Page (optional)		_	1230.00

SCHEDULE A (FEC Form 3X)

Any information copied from such Reports and or for commercial purposes, other than using to		13 14 15 16 17
NAME OF COMMITTEE (In Full) American Academy of Family Physi	I Statements may not be sold or used by any perso he name and address of any political committee to cians Political Action Committee	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Frank B Dibble, MD Mailing Address PO Box 519 City Rye Beach FEC ID number of contributing federal political committee. Name of Employer Veterans Administration	State Zip Code NH 03871-0519 C Occupation Physician	Date of Receipt M M M / D D / Y Y Y Y Y O 2 1 7 2 0 1 0 Transaction ID: C873043 Amount of Each Receipt this Period 365.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	
Full Name (Last, First, Middle Initial) Wanda D Filer, MD Mailing Address 510 Aqua Ct		Date of Receipt M M D D Y Y Y Y Y Y Y Y
City York FEC ID number of contributing federal political committee.	State Zip Code PA 17403-3623 C	Transaction ID: C870738 Amount of Each Receipt this Period 350.00
Name of Employer Strategic Health Institute Receipt For: Primary General Other (specify) ▼	Occupation Physician Aggregate Year-to-Date ▼ 700.00	
Full Name (Last, First, Middle Initial) Michael O Fleming, MD Mailing Address 556 Dunmoreland D	r	Date of Receipt 0 2 2 8 2 0 1 0
City Shreveport	State Zip Code LA 71106-6125	Transaction ID: C879387 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Amedisys, Inc. Receipt For:	Occupation Chief Medical Officer Aggregate Year-to-Date	
Primary General Other (specify) ▼	500.00	
SUBTOTAL of Receipts This Page (optional)	· · · · · · · · · · · · · · · · · · ·	965.00

SCHEDULE A (FECFITEMIZED RECEIPTS	•	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10/2/ (check only one)		
Any information copied from such or for commercial purposes, other	Reports and Statements may than using the name and add	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.		
NAME OF COMMITTEE (In F American Academy of Fa	•	Action Committee			
Full Name (Last, First, Middle Roland Adolph Goertz, MD	Initial)		Date of Receipt		
Mailing Address 1600 Prov	vidence Dr		02 12 2010		
City	State	Zip Code	Transaction ID: C871419		
Waco	TX	76707-2261	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C		417.00		
Name of Employer Family Practice Center	Occupation Physician				
Receipt For: Primary General Other (specify) ▼	00 0	Year-to-Date ▼ 834.00			
Full Name (Last, First, Middle Lori J Heim, MD	Initial)		Date of Receipt		
Mailing Address 250 Hollyl	Mailing Address 250 Hollybrook Farm Ln				
City	State	Zip Code	Transaction ID: C870218		
Vass	NC	28394-8952	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C		416.67		
Name of Employer Scotland Memorial Hospital	Occupation Physician				
Receipt For:	00 0	e Year-to-Date ▼			
Primary ☐ General Other (specify) ▼	al	833.34			
Full Name (Last, First, Middle Daniel J Heinemann, MD	Initial)		Date of Receipt		
Daniel J Heinemann, MD Mailing Address PO BOX 9	5039		0 2 1 2 2 0 1 0		
City	State	Zip Code	Transaction ID: C871420		
Sioux Falls	SD	57117-5039	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C		500.00		
Name of Employer Sioux Valley Health Syste- ms	Occupation Physician				
Receipt For:		e Year-to-Date ▼	_		
Primary General Other (specify) ▼	di	1000.00			
SUBTOTAL of Receipts This Pa	age (ontional)		1333.67		

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 27 (check only one) X 11a 11b 11c 12 13 14 15 16 17
7	Any information copied from such Reports and Sor for commercial purposes, other than using the	Statements mage name and add	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Academy of Family Physici	ans Political	Action Committee	
Α.	Full Name (Last, First, Middle Initial) Dennice H Herman, MD			Date of Receipt
	Mailing Address 224 Players Ridge Rd		7'- 0-1-	02 / 17 / 2010
	City Hickory	State NC	Zip Code 28601-8840	Transaction ID: C873456 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		240.00
	Name of Employer Information Requested	Occupatio Informati	n ion Requested	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 240.00	
В.	Full Name (Last, First, Middle Initial) Mikel D Holland, MD Mailing Address 100 Mac Ln	.I.		Date of Receipt
				02 22 2010
	City Pierre	State SD	Zip Code 57501-3391	Transaction ID: C877321 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		365.00
	Name of Employer Self Employed	Occupatio Physicia		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 365.00	
_ C.	Full Name (Last, First, Middle Initial) Laura Heath Hudgings, MD			Date of Receipt
•	Mailing Address 5509 20th Ave NE			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: C873470
	Seattle FEC ID number of contributing federal political committee.	C	98105-2404	Amount of Each Receipt this Period 240.00
	Name of Employer Seattle Indian Health & B	Occupatio Physicia		
	Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 240.00	
	SUBTOTAL of Receipts This Page (optional) .			845.00
t	TOTAL This Period (last page this line number		<u> </u>	

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12 / 27 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Academy of Family Physics	the name and add	dress of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) James Darrel King, MD Mailing Address 1 Prime Care Dr City	State	Zip Code	Date of Receipt M M
Selmer FEC ID number of contributing federal political committee.	TN	38375-1864	Amount of Each Receipt this Period 500.00
Name of Employer Primecare Medical Center Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation Physicial Aggregate		
Full Name (Last, First, Middle Initial) Laura C Knobel, MD Mailing Address 3 Freedom Way	<u> </u>		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: C874185
Walpole FEC ID number of contributing federal political committee.	C	02081-2290	Amount of Each Receipt this Period 125.00
Name of Employer self	Occupatio physiciar		
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Jason L Knudson, MD Mailing Address 1420 N 10Th St			Date of Receipt
			02 22 2010
City Spearfish	State SD	Zip Code 57783-1532	Transaction ID: C877319 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		500.00
Name of Employer RHP	Occupatio Physicial	n	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional			1125.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13 / 27 (check only one) X 11a 11b 11c 12 13 14 15 16
	d Statements may not be sold or used by any pers the name and address of any political committee to	
NAME OF COMMITTEE (In Full) American Academy of Family Physi	cians Political Action Committee	
Full Name (Last, First, Middle Initial) Michael LaPenta, MD		Date of Receipt
Mailing Address 1942 High Ridge Ro		02 21 2010
City Annapolis	State Zip Code MD 21409-5812	Transaction ID: C876645 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	365.00
Name of Employer Hospice of the Chesapeake, INC	Occupation Senior Medical Director	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 365.00	
Full Name (Last, First, Middle Initial) Timothy F Linder, MD		Date of Receipt
Mailing Address 1 Prime Care Dr	02 04 2010	
City	State Zip Code	Transaction ID: C868914
Selmer	TN 38375-1864	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Primecare Medical Center	Occupation Physician	
Receipt For: Primary General	Aggregate Year-to-Date ▼	_
Other (specify)	1000.00	
Full Name (Last, First, Middle Initial) Sheng Liu, MD		Date of Receipt
Mailing Address 2500 Metrohealth D	r	0 2 1 6 2 0 1 0
City	State Zip Code	Transaction ID: C872277
Cleveland	OH 44109-1900	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	240.00
Name of Employer Metrohealth Medical Center	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	
SUPTOTAL of Possints This Page (entional)	1105.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14 / 27 (check only one) X
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	and Statements may not be sold or used by any person gethe name and address of any political committee to sold sold sold sold sold sold sold sol	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Geoffrey L Loman, MD		Date of Receipt
Mailing Address 168 N Brent St Ste	e 502	0 2 1 6 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: C872268
Ventura	CA 93003-2840	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	240.00
Name of Employer Brent Street Family Pract- ice	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 490.00	
Full Name (Last, First, Middle Initial) Michael A Lukenda, MD		Date of Receipt
Mailing Address 2901 E Fort Lowe	02 22 2010	
City	State Zip Code	Transaction ID: C877686
Tucson	AZ 85716-1566	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	240.00
Name of Employer Progressive Health Center	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	
Full Name (Last, First, Middle Initial) Richard F Madden, MD		Date of Receipt
Mailing Address 609 Christopher D)r	0 2 1 4 2 0 1 0
City	State Zip Code	Transaction ID: C872118
Belen	NM 87002-2615	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Presbyterian Healthcare Services	Occupation Family Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (option	nal)	1480.00

SCHEDULE A (FEC Form 3X TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15 / 27 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using	L d Statements may not be sold or used by any per the name and address of any political committee	
NAME OF COMMITTEE (In Full) American Academy of Family Physi	cians Political Action Committee	
Full Name (Last, First, Middle Initial) Margaret Decker Malaro, MD		Date of Receipt
Mailing Address 7900 Whitworth Ct		02 16 YYYYY 16 2010
City	State Zip Code	Transaction ID: C872293
Chestertown	MD 21620-4731	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	240.00
Name of Employer Self Employed	Occupation Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	240.00	
Full Name (Last, First, Middle Initial) Catherine McCarthy, MD		Date of Receipt
Mailing Address 1140 Monroe Ct		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: C877282
Reno	NV 89509-2600	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	365.00
Name of Employer UNSOM	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	
Full Name (Last, First, Middle Initial) Danielle Ann McClellan, MD		Date of Receipt
Mailing Address 2914 Bassick St		02 22 7 2010
City	State Zip Code	Transaction ID: C877294
Fort Collins	CO 80526-3738	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Loudre Valley Hospital	Occupation Family Medicine Resident	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
		855.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16 / 27 (check only one) X 11a 11b 11c 12 13 14 15 16 11
NAME OF COMMITTEE (In Full)	nd Statements may not be sold or used by any per the name and address of any political committee	
American Academy of Family Phys	Sicians Political Action Committee	
Full Name (Last, First, Middle Initial) Kevin J Miller, MD Mailing Address 709 Armada Rd N		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
City Venice	State Zip Code FL 34285-1608	Transaction ID: C873014 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Paradise Family Healthcare	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dale C Moquist, MD		Date of Receipt
Mailing Address 4318 Lake Walk Ct		02 17 2010
City	State Zip Code	Transaction ID: C873036
Missouri City FEC ID number of contributing federal political committee.	TX 77459-3268	Amount of Each Receipt this Period 1000.00
Name of Employer Physicians at Sugar Creek	Occupation Family Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Robert Paul Moser, MD		Date of Receipt
Mailing Address PO BOX 658		02 11 2010
City Tribune	State Zip Code KS 67879-0658	Transaction ID: C870948
FEC ID number of contributing federal political committee.	C 67679-0036	Amount of Each Receipt this Period 365.00
Name of Employer Greeley County Health Ser- vices	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	
	al)	1615.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 17 / 27 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) American Academy of Family Physic	the name and add	lress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Jennifer Muhly, MD Mailing Address 109 Surrey Dr			Date of Receipt
City Canonsburg	State PA	Zip Code 15317-2361	0 2 1 7 2 0 1 0 Transaction ID: C873462
FEC ID number of contributing federal political committee.	C	15317-2361	Amount of Each Receipt this Period 240.00
Name of Employer Centerville Clinic	Occupation Physician	1	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 240.00	
Full Name (Last, First, Middle Initial) Daniel H Reiffenberger, MD Mailing Address 4100 Golf Course Ro	d		Date of Receipt 0 2 2 2 2 0 1 0
City	State	Zip Code	Transaction ID: C877323
Watertown	SD	57201-5416	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		365.00
Name of Employer Brown Clinic	Occupation Physician		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 365.00	
Full Name (Last, First, Middle Initial) Alan I Schwartzstein, MD	l		Date of Receipt
Mailing Address 753 N Main St Dean Oregon Clinic			$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
City	State	Zip Code	Transaction ID: C878729
Oregon FEC ID number of contributing federal political committee.	C	53575-1003	Amount of Each Receipt this Period 500.00
Name of Employer Dean Clinic	Occupation Family P		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional)			1105.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 18 / 27 (check only one) X
or for commercial purposes, other than usin NAME OF COMMITTEE (In Full)	and Statements may not be sold or used by any persong the name and address of any political committee to residuant Political Action Committee	n for the purpose of soliciting contributions solicit contributions from such committee.
/	yololano i olinoari i olinoari oomimilaa	
Full Name (Last, First, Middle Initial) Dean A Seehusen, MD		Date of Receipt
Mailing Address 212 Bainbridge Di	r	02 16 2010
City	State Zip Code	Transaction ID: C872263
Evans	GA 30809-8244	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	365.00
Name of Employer US Army	Occupation Physician	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 365.00	
Full Name (Last, First, Middle Initial) George Wm Shannon, MD	I .	Date of Receipt
Mailing Address 2301 Slate Dr		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: C870739
Columbus	GA 31906-1443	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	200.00
Name of Employer Horizons Diagnostics LLC	Occupation Family Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	
Full Name (Last, First, Middle Initial) Benjamin Rushing Shellabarger, MD	I	Date of Receipt
Mailing Address 2244 Lower Brown	nsville Rd	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: C875718
Jackson	TN 38301-9655	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	225.00
Name of Employer Jackson Clinic	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	
SURTOTAL of Receipts This Page (option	nal)	790.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 19 / 27 (check only one) X 11a 11b 11c 12 13 14 15 16 11
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) American Academy of Family Physic	I Statements may not be sold or used by any personal statements may not be sold or used by any personal he name and address of any political committee to cians Political Action Committee	
Full Name (Last, First, Middle Initial) Aaron Burl Shives, MD Mailing Address 350 28th Ave SE City Watertown FEC ID number of contributing federal political committee. Name of Employer Brown Clinic Receipt For: Primary General Other (specify)	State Zip Code SD 57201-8403 C Occupation Physician Aggregate Year-to-Date 365.00	Date of Receipt M M D D Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Alvin Sneed Md Sneed, MD Mailing Address 7 Whisperwood Cir City Lubbock FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	State Zip Code TX 79416-3126 C Occupation Physician Aggregate Year-to-Date ▼ 250.00	Date of Receipt M M / D D / Y Y Y Y Y O 2 2 2 2 0 1 0 Transaction ID: C877289 Amount of Each Receipt this Period 250.00
Full Name (Last, First, Middle Initial) Glen R Stream, MD Mailing Address 14408 E Sprague Av City Spokane Valley FEC ID number of contributing federal political committee. Name of Employer Rockwood Clinic Receipt For: Primary General Other (specify)	State Zip Code WA 99216-2167 C Occupation physician Aggregate Year-to-Date 1000.00	Date of Receipt M M / D D / Y Y Y Y Y O 2 1 9 2 0 1 0 Transaction ID: C888062 Amount of Each Receipt this Period 500.00
SUBTOTAL of Receipts This Page (optional)		1115.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 20 / 27 (check only one) X 11a
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) American Academy of Family Physic	d Statements may not be sold or used by any personance and address of any political committee to	
Full Name (Last, First, Middle Initial) Hilary A Stroud, MD Mailing Address 2053 Old State Rd City Gibsonia FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	State Zip Code PA 15044-9484 C Occupation Physician Aggregate Year-to-Date 240.00	Date of Receipt M M / D D / 2 0 1 0 Transaction ID: C872297 Amount of Each Receipt this Period 240.00
Full Name (Last, First, Middle Initial) Randell K Wexler, MD Mailing Address 6040 Haybury Dr City New Albany FEC ID number of contributing federal political committee. Name of Employer Ohio State University Receipt For: Primary General Other (specify)	State Zip Code OH 43054-8691 C Occupation Physician Aggregate Year-to-Date 1500.00	Date of Receipt M M M / D D / Y Y Y Y Y O 2 / 2 0 1 0 Transaction ID: C866659 Amount of Each Receipt this Period 750.00
Full Name (Last, First, Middle Initial) Julie Kristin Wood, MD Mailing Address 5305 NE Rainbow C City Lees Summit FEC ID number of contributing federal political committee. Name of Employer Research Medical Center Receipt For: Primary General Other (specify)	State Zip Code MO 64064-2450 C Occupation Physician Aggregate Year-to-Date 365.00	Date of Receipt M M / D D / Y Y Y Y O 2 2 2 2 0 1 0 Transaction ID: C877810 Amount of Each Receipt this Period 365.00
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line numb		1355.00

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SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER: PAGE 21 / 27 Use separate schedule(s) (check only one) for each category of the **ITEMIZED RECEIPTS** 11a 11b 11c **Detailed Summary Page** 13 14 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Academy of Family Physicians Political Action Committee Full Name (Last, First, Middle Initial) Richard L Zachrich, MD Date of Receipt Mailing Address 199 Via Bandolero 02 2010 16 City State Zip Code Transaction ID: C872296 Arroyo Grande CA 93420-1918 Amount of Each Receipt this Period FEC ID number of contributing 350.00 C federal political committee. Name of Employer Central Coast Family Care Occupation Physician Receipt For: Aggregate Year-to-Date Primary General 350.00 Other (specify)

SUBTOTAL of Receipts This Page (optional)	•	350.00
TOTAL This Period (last page this line number only)	•	17071.67

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 22 / 27 (check only one) 11a 11b 11c 12 13 14 X 15 16 17
	ny information copied from such Reports and State for commercial purposes, other than using the na			
$\overline{\ }$	NAME OF COMMITTEE (In Full)			
\rangle	American Academy of Family Physicians	Political	Action Committee	
	Full Name (Last, First, Middle Initial) American Academy of Family Physicians Mailing Address 11400 Tomahawk Creek	Pkwy		Date of Receipt
	TI400 Tomanawk Creek	i Kwy		02 22 2010
	City	State	Zip Code	Transaction ID: C877311
	Leawood	KS	66211-2672	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		711.12
	Name of Employer	Occupation	n	
	Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 1289.24	

SUBTOTAL of Receipts This Page (optional)	>	711.12
TOTAL This Period (last page this line number only)	•	711.12

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SCHEDULE B (FEC Form 3X)	Use sepa				NE NUMBER: PAGE 23 / 27 only one)											
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page						22 23 24 25 26								26 30b	
Any Information copied from such Reports and Stater or for commercial purposes, other than using the nam							the pu		se of s		ing co		outions	\bot		
NAME OF COMMITTEE (In Full)																
American Academy of Family Physicians																
Full Name (Last, First, Middle Initial) American Express					Transaction ID: D93145 Date of Disbursement											
Mailing Address PO Box 53852		$\begin{array}{c ccccccccccccccccccccccccccccccccccc$														
City Phoenix	State AZ	Zip Code 85072-3852				Amount of Each Disbursement this Period										
Purpose of Disbursement Bank card processing fee	712	00072 0002			-								21.78	3		
Candidate Name					egory/ /pe											
Office Sought: House Disburse Senate President State: District:	ement For: Primary Other (spe	General ecify) ▼														
				_												
Full Name (Last, First, Middle Initial) American Express								of D	isburse	emer			* \	V		
Mailing Address PO Box 53852							0 ^M 2	М) ^D	/ L	ž	0 1 C)		
City Phoenix	State AZ	Zip Code 85072-3852					Amou	nt o	f Each	Dist	ourse	nen			_	
Purpose of Disbursement Bank card processing fee									•				9.75	5		
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State: District:																
Full Name (Last, First, Middle Initial) American Express								of D	isburse	emer						
Mailing Address PO Box 53852							0 ^M 2	М	[′]	8	/ L	ž	0 Ĭ ()		
City Phoenix	State AZ	Zip Code 85072-3852					Amou	nt o	f Each	Dist	ourse				_	
Purpose of Disbursement Bank card processing fee							<u></u>						16.25)		
Candidate Name					egory/ vpe											
Office Sought: House Disbursi Senate President	ement For: Primary Other (spe	General ▼														
State: District:																
SUBTOTAL of Disbursements This Page (optional)												. 4	47.78			

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SCHEDULE B (FEC Form 3X)	e schedule(s)		FOR LI			R:		PAGE 24/27											
ITEMIZED DISBURSEMENTS	for each cate Detailed Sun		16	(check of 21b) 27	Ė	22 28a		23 28b	П	24 28c		25 29	26 30b						
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name	ny perso		r the pu		e of s		ing co		outions	-									
NAME OF COMMITTEE (In Full) American Academy of Family Physicians F																			
Full Name (Last, First, Middle Initial) American Express Mailing Address PO Box 53852										Transaction ID: D93148 Date of Disbursement 0 2									
		p Code 5072-3852				Amount of Each Disbursement this Period													
Purpose of Disbursement Bank card processing fee Candidate Name				egory/		L.						8.78							
Office Sought: House Disburse Senate President State: District:	ment For: Primary Other (specify	General ▼		уре															
Full Name (Last, First, Middle Initial) American Express								sburs				0 1 C	Y						
Mailing Address PO Box 53852 City	State Zi	p Code					ınt of			hurse		t this F							
Phoenix		5072-3852				7					-	20.04							
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Mailing Address PO Box 53852						0 2		<u></u>	1			0 1 0							
Phoenix		p Code 5072-3852				Amou	ınt of	Each	Dist	burse	men	t this F							
Purpose of Disbursement Bank card processing fee												9.36							
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Office Sought: House Disburse Senate President	ment For: Primary Other (specify	General																	
State: District:	·																		
SUBTOTAL of Disbursements This Page (optional) .				•	•						. ;	38.18							

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SCHEDULE B (FEC Form 3X)	Use separ				NE NUMBER: PAGE 25 / 27 only one)											
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NAME OF COMMITTEE (In Full)																
American Academy of Family Physicians																
Full Name (Last, First, Middle Initial) American Express		Transaction ID: D93151 Date of Disbursement														
Mailing Address PO Box 53852						Amount of Each Disbursement this Period										
City Phoenix	State AZ	Zip Code														
Purpose of Disbursement	AZ	85072-3852			•							33.31				
Bank card processing fee Candidate Name					egory/											
Office Sought: Senate President State: Disburse	ement For: Primary Other (spec	General cify) ▼														
Full Name (Last, First, Middle Initial)										D004						
American Express							Date of	of Di	isburs			/ * V *	V			
Mailing Address PO Box 53852							0 ^M 2	M	[/] 2	3 /	` 2	0 1 ()			
City Phoenix	State AZ	Zip Code 85072-3852					Amou	nt o	f Each	Disburs	emer	nt this I	Period			
Purpose of Disbursement Bank card processing fee			Г		•							8.50				
Candidate Name					gory/ pe											
Senate President	ement For: Primary Other (spec	☐ General														
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Full Name (Last, First, Middle Initial) American Express							Date of	of Di	isburs							
Mailing Address PO Box 53852							0 ^M 2	М	[/] 2	4 /	Y	0 1 () ^Y			
City Phoenix	State AZ	Zip Code 85072-3852					Amou	nt o	f Each	Disburs	emer	nt this I	Period			
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SUBTOTAL of Disbursements This Page (optional)					<u> </u>							42.82				

SCHEDULE B (FEC FOIII 3X)	Use separate schedule(s)	FOR LINE (check only	
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	X 21b 27	22 23 24 25 28a 28b 28c 29
Any Information copied from such Reports and State or for commercial purposes, other than using the na			
NAME OF COMMITTEE (In Full)	The and address of any pointed of		The contribution of the contribution
American Academy of Family Physicians	Political Action Committee	Э	
Full Name (Last, First, Middle Initial)			Transaction ID: D93154
American Express			Date of Disbursement O 2
Mailing Address PO Box 53852			02 26 2010
City Phoenix	State Zip Code AZ 85072-3852		Amount of Each Disbursement this Perio
Purpose of Disbursement	AZ 0307Z-303Z		0.65
Bank card processing fee			
Candidate Name		Category/ Type	
	sement For:		
Senate President	Primary General Other (specify) ▼		
State: District:	cure (epocity)		
Full Name (Last, First, Middle Initial)			Transaction ID: D93155
Bank Of America Merchant Services			Date of Disbursement
Mailing Address WA2-505-01-40 PO Box 2485			$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & 2 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} D & D \\ O & 1 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ Z & O & 1 & O \end{smallmatrix} \end{bmatrix}$
City Spokane	State Zip Code WA 99210-2485		Amount of Each Disbursement this Perio
Purpose of Disbursement Bank card processing fee			479.61
Candidate Name		Category/ Type	
Office Sought: House Disburs Senate President State: District:	sement For: Primary General Other (specify)	71	
Full Name (Last, First, Middle Initial)			Transaction ID: D93156
Discover Network			Date of Disbursement
Mailing Address P O Box 52145			$\begin{bmatrix}\begin{smallmatrix}M&2&M\\0&2&\end{smallmatrix}\end{bmatrix} / \begin{bmatrix}\begin{smallmatrix}D&0&D\\0&2&\end{smallmatrix}] / \begin{bmatrix}\begin{smallmatrix}Y&&Y&0&Y\\2&0&1&0\end{smallmatrix}$
City Phoenix	State Zip Code AZ 85072-2145		Amount of Each Disbursement this Perio
Purpose of Disbursement Bank card processing fee	7.2		56.35
Candidate Name		Category/ Type	
Office Sought: House Disburn Senate President	sement For: Primary General Other (specify) ▼		
State: District:			
SUBTOTAL of Disbursements This Page (optional)		536.61
	<i>(</i>)		665.39

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President

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SCHEDULE B (FEC Form 3X)		INE NUMBER: PAGE 27 / 27
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page (Cneck	
Any Information copied from such Reports and Staten or for commercial purposes, other than using the nam		
NAME OF COMMITTEE (In Full) American Academy of Family Physicians I	Political Action Committee	
Full Name (Last, First, Middle Initial) FRIENDS OF JOHN MCCAIN INC Mailing Address PO Box 16664		Transaction ID: D92509 Date of Disbursement 0 2
Arlington Purpose of Disbursement	State Zip Code VA 22215-1664	Amount of Each Disbursement this Period 2500.00
Campaign contribution Candidate Name Sen. John McCain	Category/ Type	
• 🗎	ement For: 2010 Primary General Other (specify)	
Full Name (Last, First, Middle Initial) PEOPLE FOR PATTY MURRAY U S SEN	ATE CAMPAIGN	Transaction ID: D92510 Date of Disbursement 0 2 0 8 7 2 0 1 0
Mailing Address PO Box 3662		0 2 0 1 0 1 0 1 0 1 0 1 0 1 0 1 0 1 0 1
City Seattle	State Zip Code WA 98124-3662	Amount of Each Disbursement this Period 2500.00
Purpose of Disbursement Campaign contribution Candidate Name Sen. Patty Murray	Category/ Type	
Office Sought: House Disburse	ement For: 2010 Primary General	

SUBTOTAL of Disbursements This Page (optional)	<u> </u>	5000.00
TOTAL This Period (last page this line number only)	•	5000.00

Other (specify)

State: WA